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2014 Physician Quality Reporting System (PQRS) Group Practice Reporting Option (GPRO): GPRO Web Interface Reporting Made Simple

Background

Physician Quality Reporting System (PQRS) is a reporting program that uses a combination of incentive payments and payment adjustments to promote reporting of quality information by eligible professionals (EPs). The program provides an incentive payment to group practices identified by Tax Identification Number (TIN) that are choosing the group practice reporting option (GPRO) that satisfactorily report data on quality measures for covered Physician Fee Schedule (PFS) services furnished to Medicare Part B Fee-for-Service (FFS) beneficiaries (including Railroad Retirement Board and Medicare Secondary Payer). Additionally, EPs and group practices that do not satisfactorily report in the 2014 PQRS program year will be subject to a payment adjustment in 2016.

Purpose

This document applies to group practices that have registered to take part in 2014 PQRS using the GPRO Web Interface. Information regarding group practices using the PQRS GPRO to report measures through Certified EHR Technology (CEHRT) or qualified registry can be found at http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/Group_Practice_Reporting_Option.html.

Note: If taking part in PQRS through another CMS program (such as the Medicare Shared Savings Program, Comprehensive Primary Care Initiative, Pioneer Accountable Care Organizations), please check the program's requirements for information on how to report quality data to earn a PQRS incentive and/or avoid the PQRS payment adjustment. Please note, although CMS has attempted to align or adopt similar reporting requirements across programs, eligible professionals should look to the respective quality program to ensure they satisfy the PQRS, EHR Incentive Program, Value-Based Payment Modifier (VM), etc. requirements of each of these programs.

GPRO – Quick Facts

- For the 2014 program year, a "group practice" is defined as a single Tax Identification Number (TIN) with 2 or more individual eligible professionals (as identified by Individual National Provider Identifier [NPI]) who have reassigned their billing rights to the TIN.
- Once a group practice TIN has registered to take part in PQRS GPRO, the reporting method chosen is the only PQRS submission method that will be analyzed by CMS to determine incentive eligibility or subjectivity to payment adjustment for the group and all individual NPIs who bill Medicare under the group's TIN.
- If an organization or individual eligible professional changes TINs, the registration under the old TIN does not carry over to the new TIN, nor is it combined for final analysis.

2014 Registration for PQRS GPRO

Group practices choosing to take part in PQRS GPRO must register by **September 30, 2014**. Registration must be completed online through the Physician Value Modifier (PV) PQRS Registration System.

During registration, group practices must indicate their reporting method for the 12-month period. Once a group has registered for 2014 as a PQRS GPRO, the group will not be able to withdraw its registration.

STEP 1: Prior to signing up for the PQRS reporting mechanism, both group practices and individuals will need to register for an Individuals Authorized Access to the CMS Computer Services (IACS) account if they do not already have one, or add the appropriate IACS role to an existing account. Please go to <https://applications.cms.hhs.gov/> to register for an IACS account.

STEP 2: After signing up for an IACS account, group practices will need to go to <https://portal.cms.gov/> and select the **PV PQRS** option near the bottom of the page to register for PQRS GPRO.

Important Update: Group practices with two or more EPs that wish to cancel their registration for participation in the 2014 PQRS GPRO must contact the QualityNet Help Desk before the registration period closes on **September 30, 2014** (at 11:59 pm EDT). Group practices will not be allowed to cancel their 2014 GPRO registration after this date. If a group practice with 10 or more EPs wishes to cancel its PQRS GPRO registration, then the group can still avoid the -2.0% Value Modifier payment adjustment in 2016, if the EPs in the group participate in the PQRS as individuals in 2014 and at least 50% of the EPs in the group meet the satisfactory reporting criteria as individuals via claims, a qualified PQRS registry, or EHR (or in lieu of satisfactory reporting, satisfactorily participate in a Qualified clinical data registry) to avoid the 2016 PQRS payment adjustment. No registration is necessary if the EPs in a group practice participate in the PQRS as individuals.

For additional registration information, please go to <http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeedbackProgram/Self-Nomination-Registration.html>.

For assistance signing up for the appropriate IACS account or help registering for 2014 GPRO, please contact the QualityNet Help Desk at 1-866-288-8912 (TTY 1-877-715-6222) or via email to Qnetsupport@hcqis.org. They are available from 7:00 a.m. to 7:00 p.m. CST Monday through Friday.

How to Report for PQRS

To earn a 2014 PQRS incentive payment and avoid the 2016 PQRS payment adjustment, group practices taking part in PQRS GPRO via the Web Interface must meet the requirements for satisfactory reporting, outlined below.

Table 1: 2014 PQRS GPRO Reporting

Reporting Period	Measure Type	Reporting Mechanism	Satisfactory Reporting for 2014 PQRS Incentive and Avoid the 2016 PQRS Payment Adjustment
12-month (Jan. 1 — Dec. 31)	PQRS GPRO Web Interface	25-99 eligible professionals	Report on all measures included in the Web Interface; AND Populate data fields for the first 218 consecutively ranked and assigned beneficiaries in the order in which they appear in the group's sample for each module or preventive care measure. If the pool of eligible assigned beneficiaries is less than 218, then report on 100 percent of assigned beneficiaries. In addition, the group practice choosing to take part in the PQRS GPRO and choosing to participate in CAHPS for PQRS, must also report all CAHPS summary survey modules via a CMS-certified survey vendor (CAHPS for PQRS). CMS will bear the cost of administering.

Reporting Period	Measure Type	Reporting Mechanism	Satisfactory Reporting for 2014 PQRS Incentive and Avoid the 2016 PQRS Payment Adjustment
12-month (Jan. 1 — Dec. 31)	PQRS GPRO Web Interface	100+ eligible professionals	Report on all measures included in the Web Interface; AND Populate data fields for the first 411 consecutively ranked and assigned beneficiaries in the order in which they appear in the group's sample for each module or preventive care measure. If the pool of eligible assigned beneficiaries is less than 411, then report on 100 percent of assigned beneficiaries. In addition, the group practice choosing to take part in the PQRS GPRO must also report all CAHPS summary survey modules via a CMS-certified survey vendor (CAHPS for PQRS). CMS will bear the cost of administering.

Group practices that submit using the Web Interface can find the *2014 Physician Quality Reporting System GPRO Narrative Specifications for Web Interface* and other supporting documentation at http://cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/GPRO_Web_Interface.html.

How to Align PQRS GPRO Web Interface with Meaningful Use

Group practices that successfully complete the PQRS GPRO Web Interface will also satisfy the CQM component of the Medicare EHR Incentive Program as long as the EHR product is CEHRT. EPs will still be required to report the other meaningful use objectives through the Medicare EHR Incentive Programs Registration and Attestation System. Additionally, group practices choosing to take part in the PQRS GPRO may be subject to a negative, neutral, or positive Value-Based Payment Modifier (VM), based on group size and quality tiering (this is not relevant to ACO GPROs). More information on VM can be found at <http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeedbackProgram/ValueBasedPaymentModifier.html>.

Additional Information

- For more information on 2014 PQRS GPRO and requirements for submission of PQRS measure data, go to http://cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/Group_Practice_Reporting_Option.html.
- For more information on the 2016 PQRS payment adjustment, go to <http://cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/Payment-Adjustment-Information.html>.
- For more information on the other 2014 PQRS GPRO reporting methods, go to http://cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/How_To_Get_Started.html, as well as, the *2014 Measures List Implementation Guide* zipped file under “Related Links “at the bottom of that page.
- Medicare Shared Saving Program ACO information can be found by following this link <http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/sharesavingsprogram/index.html>.
- More information on Pioneer ACOs can be found at <http://innovation.cms.gov/initiatives/Pioneer-ACO-Model/?q=Pioneer+GPRO>.